

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/051,263

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8	/						58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13	/						63						
14		/					64						
15	/						65						
16	/						66						
17		/					67						
18	/						68						
19		/					69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27	/						77						
28		/					78						
29		/					79						
30		/					80						
31	/						81						
32		/					82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42		/					92						
43	/						93						
44		/					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	19						TOTAL IND.						
TOTAL DEP.	25						TOTAL DEP.						
TOTAL CLAIMS	44						TOTAL CLAIMS						